

1082

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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36						
37						
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40						
41						
42						
43						
44						
45						
46						
47						
48	1		1			
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		116	←		←
TOTAL CLAIMS			102			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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57						
58						
59						
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61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72	1		1			
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98	1		1			
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		2				
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117	1		1			
118		1		1		
119						
120						
121		2		1		
122						
123						
124						
125						
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128						
129						
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135						
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145						
146						
147						
148						
149						
150						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						